

DEPARTMENT OF CORRECTIONS



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STATE OF MONTANA DEPARTMENT OF CORRECTIONS

Employee Agreement to Accept the U.S. Bank Visa® Purchasing Card

The U.S. Bank Visa® Purchasing Card represents the State's trust in you. You are empowered as a responsible agent to safeguard the State's assets. Your signature below is verification that you have read the Purchasing Cardholder Manual and agree to comply with it as well as the following responsibilities.

1. I understand the card is for State-approved purchases and I agree not to charge personal purchases.
2. I understand that improper use of this card can be considered misappropriation of State funds. This may result in cancellation of Procurement Card privileges, reimbursement of the State for improper use, disciplinary action up to and including termination and possible criminal charges.
3. If the card is lost or stolen, I will immediately notify U.S. Bank by telephone.
4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.
5. The card is issued in my name and I will not allow any other person to use the card. I am responsible for any and all charges against the card.
6. All charges will be billed directly to, and paid directly by, the State. The bank cannot accept any monies from me directly; therefore, any personal charges billed to the State could be considered misappropriation of State funds.
7. As the card is State property, I understand that I may be periodically required to comply with internal control procedures designed to protect State assets. This may include being asked to produce the card to validate its existence and account number. I may also be asked to produce receipts and statements to audit its use.
8. I will receive a Monthly Statement that will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by contacting the supplier or the bank.
9. I understand the U.S. Bank Purchasing Card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for the State. My card may be revoked based on change of assignment or location. I understand that the card is not an entitlement nor reflective of title or position.
10. I agree to use the purchasing card in accordance with DOC POLICY 1.2.8.

Employee Signature

Supervisor Signature

Employee Printed Name

Supervisor Printed Name

Date: _____

Date: _____

"AN EQUAL OPPORTUNITY EMPLOYER"